

For official use only:

Customer Name

Customer No.

PD F 4000
Department of the Treasury
Bureau of the Public Debt
(Revised August 2004)

REQUEST TO REISSUE UNITED STATES SAVINGS BONDS
(ADD BENEFICIARY OR COOWNER, REMOVE BENEFICIARY OR DECEDENT, SHOW CHANGE OF
NAME, AND/OR CORRECT ERROR IN REGISTRATION)

OMB No. 1535-0023

Visit us on the Web at www.treasurydirect.gov

IMPORTANT: Follow instructions in filling out this form. You should be aware that the making of any false, fictitious, or fraudulent claim or statement to the United States is a crime that is punishable by fine and/or imprisonment.

PRINT IN INK OR TYPE ALL INFORMATION

1. I request reissue of the bonds described below, in the amount of \$ _____ (total face amount).

ISSUE DATE	FACE AMOUNT	BOND NUMBER	REGISTRATION (Social security number and names, including middle names or initials, on the bonds)

(If you need more space to describe your bonds, use page 4.)

2. Reissue is requested to: (Check all that apply.)

- a. ☐ Add a coowner or beneficiary.
- b. ☐ Change present beneficiary to coowner.
- c. ☐ Remove the name of a living beneficiary and issue the bonds in either single ownership form or with another person as coowner or beneficiary. (For Series E or H bonds, the present beneficiary must sign.)
- d. ☐ Remove the name of a deceased registrant and issue the bonds in either single ownership form or with another person as coowner or beneficiary. (For Series E or H bonds, furnish proof of death. For Series EE or HH bonds, furnish proof of death of owner or coowner.)
- e. ☐ Show change of name by: ☐ marriage ☐ divorce ☐ court order ☐ naturalization ☐ other
Explain _____
- f. ☐ Correct error in registration.

(1) Who purchased the bonds? _____

(2) Whose funds were used? _____

(3) How did the error occur? _____

3. Registration for new bonds:

(Social Security Number)

(First Name, Middle Name or Initial, Last Name)

(Number and Street or Rural Route)

To name a coowner or beneficiary,
complete the following:

- ☐ coowner
☐ beneficiary (POD) }

(City)

(State)

(ZIP Code)

(First Name, Middle Name or Initial, Last Name)

4. Delivery instructions, if
different from above:

(Name)

(Number and Street or Rural Route)

(City)

(State)

(ZIP Code)

5. Under penalty of perjury, I certify that:

1. The taxpayer identification number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
2. I am not subject to backup withholding because **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** I have been notified by the Internal Revenue Service that I am no longer subject to backup withholding, **and**
3. I am a U.S. person (including a U.S. resident alien).

(Instructions - You must cross out Item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.)

Sign in ink in the presence of an authorized certifying officer.
(See **Item 5** in the instructions for who must sign.)

(Signature)

(Print Name)

(Number and Street or Rural Route)

(City) (State) (Zip)

(Social Security Number)

(Email Address)

(Daytime Telephone Number)

(Signature)

(Print Name)

(Number and Street or Rural Route)

(City) (State) (Zip)

(Social Security Number)

(Email Address)

(Daytime Telephone Number)

The certification portion must be completed.

I CERTIFY that _____
whose identity is well-known or proved to me, personally
appeared before me this _____ day of _____,
(Month)
_____, at _____,
(Year) (City) (State)
and signed this form.

**(OFFICIAL STAMP
OR SEAL)**

(Signature of certifying officer)

(Title of certifying officer)

(Address)

I CERTIFY that _____
whose identity is well-known or proved to me, personally
appeared before me this _____ day of _____,
(Month)
_____, at _____,
(Year) (City) (State)
and signed this form.

**(OFFICIAL STAMP
OR SEAL)**

(Signature of certifying officer)

(Title of certifying officer)

(Address)

Reserved for Identification Notations

Customer Account Number
and Date Established: _____

Identified by: _____

Documents – Descriptions: _____

Customer Account Number
and Date Established: _____

Identified by: _____

Documents – Descriptions: _____

Use of Form

- Complete this form to reissue Series EE, E, HH, and H United States Savings Bonds, Retirement Plan Bonds, and Individual Retirement Bonds for the reasons listed on Page 1, Items 2(a-f). A separate form must be used for each new form of registration.
- To request payment, you should sign the backs of the bonds instead of this form.
- A minor of sufficient age and competency to sign the request and to understand the nature of the transaction may request reissue of the bonds.
- A minor under legal guardianship may **not** request reissue.
- An incompetent owner, coowner or beneficiary may **not** request reissue.

Specific Instructions

- Item 1.** Describe the bonds to be reissued.
- Item 2.** Show reason for reissue.
- Item 3.** Provide new registration for the bonds. If Items 2(a-e) are checked, the present owner or the surviving registrant must be named first in the registration of the new bonds.
- Item 4.** Provide mailing instructions.
- Item 5.** Sign the form.

If you checked:

Who signs:

Evidence required:

Item 2a or 2b

the owner must sign.

n/a

Item 2c

the owner must sign. For Series E or H bonds, the beneficiary must also sign.

n/a

Item 2d

the surviving registrant must sign.

Death certificate (copy certified under seal of the state or local registrar having custody of the records)

Item 2e

the person whose name has changed must sign.

Change of name other than by marriage - Complete the statement in Item 2e to show how change of name was authorized.

Documentary evidence, properly certified, may be required in any appropriate case.

Item 2f

the purchaser must sign. If the purchaser and the person whose funds were used to purchase the bonds are not the same, both must sign.

n/a

Certification

Person who signs form

You must appear before and establish identification to the satisfaction of an authorized certifying officer and sign the request in the presence of the officer. Authorized certifying officers are available at banking institutions in the United States. For a complete list of such officers, see Department of the Treasury Circulars, No. 530, and Public Debt Series No. 3-80.

Certifying officer

Place an adequate notation on Page 2 of this form, or on a separate record, showing exactly how identification was established. Impress or imprint the seal or stamp which is used when certifying requests for payment.

Where to send

You should send the PD F 4000 and the bonds, as well as any other appropriate forms and evidence, to one of the Treasury Retail Securities Sites shown below:

Treasury Retail Securities Site
PO Box 299
Pittsburgh, PA 15230-0299
1-800-245-2804

Treasury Retail Securities Site
PO Box 214
Minneapolis, MN 55480-0214
1-800-553-2663

DESCRIBE ADDITIONAL BONDS BELOW

ISSUE DATE	FACE AMOUNT	BOND NUMBER	REGISTRATION (Social security number and names, including middle names or initials, on the bonds)

PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

We're asking for the information on this form to assist us in processing your securities transaction requests. Our authority comes from 31 U.S.C. Ch. 31 which authorizes the Treasury Department to borrow money to pay the public debt of the United States. Also, 26 U.S.C. 6109 requires us to use your SSN on certain forms when we report taxable income to IRS. It's voluntary that you provide the requested information, but without it, we may not be able to process your transaction requests. Information concerning your securities holdings and transactions is considered confidential under Treasury regulations (31 CFR Part 323) and the Privacy Act. However, the following routine uses of this information may include disclosure to the following persons or entities: agents and contractors who help us manage the public debt; others entitled to the securities or payment; agencies (including disclosure through approved computer matches) determining eligibility for benefits, finding persons we've lost contact with, or helping us collect debts; agencies for investigations or prosecutions; courts, counsel, and others for litigation and other proceedings; a Congressional office asking on your behalf; and as otherwise authorized by law.

We estimate it will take you about 30 minutes to complete this form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Public Debt, Forms Management Officer, Parkersburg, WV 26106-1328. **DO NOT SEND completed form to the above address; send to correct address shown in "Where to send" in the Instructions.**